

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizen's for Jeff Mosiman Iowa House

2008 OCT 31 PH 4:28

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Jeff Mosiman

Political Party (if applicable)
Republican

Office Sought
Iowa House

District (if Senate or House)
14

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

641 749 2212
TELEPHONE

DATE SIGNED

I AM FILING A 31 October 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

☐ CHECK IF AMENDMENT TO REPORT DATED

Indicate by # ☒ 1

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

\$ 104.62

\$ 2,765.00

\$ 2,703.23

\$ 166.39

\$ 2,306.23

\$ 199.92

YES ☒ NO

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Jeff Mosiman Iowa House

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 69B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/21/2008	ID# CK# 11088	Blayne Regan 1573 Cameo Road Nora Springs, IA 50458		\$25.00	<input type="checkbox"/>
10/24/2008	ID# CK# 5621	Max Handley P.O. Box 185 Marble Rock, IA		50.00	<input type="checkbox"/>
10/22/2008	ID# CK# 6882	Margaret Kleinwort P.O. Box 370 St. Ansgar, Ia 50472		150.00	<input type="checkbox"/>
10/22/2008	ID# CK# 1062	MaryJane Michaels 4345 Indigo Ave St. Ansgar, IA 50472		25.00	<input type="checkbox"/>
10/24/2008	ID# 9771 CK# 1008	Iowans for the Right To Work 4225 Fleur Dr Ste 22 Des Moines, IA 50321		1500.00	<input type="checkbox"/>
10/24/2008	ID# 9779 CK# 1	Life for All P.O. Box 277 Norwalk, IA		1000.00	<input type="checkbox"/>
10/21/2008	ID# CK# 1426	Kathleen Hanna P.O. Box 235 Osage, Ia 50461		15.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2765.00	
TOTAL (If last page of this schedule)				\$ 2765.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Jeff Mosiman Iowa House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/29/2008	ID# CK# 1020	Charles City Chamber of Commerce 401 N. Main St STE 4 Charles City, IA 50616	parade fee	\$ 10.00
10/21/2008	ID# CK# 1021	Hy-Vee Drugstore 875 4th St Mason City, Ia 50401	stamps	126.00
10/24/2008	ID# CK# 1022	Menards 540 Village Green Dr Mason City, IA 50401	sign posts	8.26
10/24/2008	ID# CK# 1023	The Food Center 215 W 4th St St. Ansgar, IA 50472	food	8.37
10/28/2008	ID# CK# 1024	Larson's Food Pride 633 Chase Street Osage, Ia	food	18.00
10/28/2008	ID# CK# 1025	UPSP Nora Springs, IA 50458	Stamps	8.40
10/30/2008	ID# CK# 1026	UPSP Nora Springs, Ia 50458	Stamps	1936.20
10/31/2008	ID# CK# 1027	UPSP Mason City, IA 50401	Stamps	588.00
SUB-TOTAL				\$ 2703.23
TOTAL (if last page of this schedule)				\$ 2703.23

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Jeff Mosiman Iowa House

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "Incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/14/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Filing for May	\$ 627.99
7/21/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Filing for July	663.32
10/20/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Filing for October	437.74
10/22/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Ink for printings	41.70
10/27/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Food for meeting	9.98
10/31/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Milage	525.50
SUB-TOTAL			\$ 2,306.23
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,306.23

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 Citizen's for Jeff Mosiman Iowa House

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/19/2008	Tom Green 1211 S Main St Charles City, IA 50616-3434		stamps	\$ 199.92	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 199.92	
TOTAL (if last page of this schedule)				\$ 199.92	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)